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APPLICANTS

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This application is a 371 of PCT/FR04/03295 12/17/2004

** FOREIGN APPLICATIONS *****

FRANCE 0315177 12/22/2003

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY FRANCE	SHEETS 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
Verified and /ELANA BETH FISHER/ Acknowledged Examiner's Signature						

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TITLE

Intervertebral Disc Prosthesis

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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